



Case No. 84300

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No: **10/671,071** Examiner: **TANIA C. COURSON**
Filing Date: **09/25/2003**
Applicant: **JACK R. OLSON** Art Unit: **2859**

Title: **AN ELECTROLYTIC TILT SENSOR AND METHOD FOR
MANUFACTURING SAME**

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RESPONSE TO OFFICE ACTION UNDER 37 C.F.R. §1.111

Dear Madam:

In response to the Office Action mailed February 25, 2004, Applicant respectfully
requests reconsideration of the above-identified application in view of the following remarks.



PTO/SB/21 (08-03)

Approved for use through 08/30/2003. OMB 0651-0031

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/671,071
		Filing Date	25-Sep-03
		First Named Inventor	Olson, Jack R.
		Art Unit	2859
		Examiner Name	Tania C. Courson
Total Number of Pages in This Submission	9	Attorney Docket Number	84300

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Allan Y. Lee, Reg No. 43744
Signature	
Date	10 MAY 2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Jane S. Nuñez
Signature	
Date	10-MAY-04

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